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CHILD WELFARE LEAGUE OF AMERICA, INC.  
— AFFILIATED —  
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## BULLETIN

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APRIL, 1938

### In-Service Training

WILMA VAN DUSSELDORP

Education Consultant, Division of Public Assistance, Department of Public Welfare

Address given at the Southern Regional Conference, Atlanta, Georgia, March, 1938

**I**N-SERVICE Training is a term which has been emerging with a combination of new need and greater awareness of our limitations for meeting that need, and the importance of using knowledge and energy to the best advantage, as we undertake to do a big job with comparatively more limited resources than we have ever had.

In social work we are struggling with the problem of becoming increasingly helpful in a rapidly developed combination of new situations we do not fully understand, and to which our relationship is not clear to us. In other words, we are having to do an immense amount of learning as we do the job. In general, the services extended through social work appear to meet the same needs which have been met in the past whether we serve the general population through a private or public agency or institution. Problems seem to arise due to sudden extension of effort to meet need, at a time when—though more is known about the possibility of prevention and effective treatment of social problems, that knowledge is little shared by the great numbers of workers who have to do the job. We seek to understand the forces which work together to make life difficult, if not wholly unsatisfactory, for vast numbers of the population, to search for the truth, and accept as equally important the need to apply such truth as we discover to relieve the needs of people who are in trouble, and to prevent need arising for others. We feel the importance of meeting these responsibilities without regard for what the result of these efforts may be to individual workers, who, we expect, must assume responsibility for making changes consistent with new knowledge.

If new developments indicate that our past practice with regard to meeting certain kinds of need has

proved to be inadequate or wholly incorrect, we feel duty bound to effect change in such ways as will permit the application of the new. It has in the past meant such things as the merging of two or more agencies or institutions, in order that pooled resources may meet a need that people happen to present to better advantage, or it has meant the abandonment of institutions and discontinuance of some agencies in favor of developing varieties of special care not met by any existing resources. These things have been done when we have had the vision and elasticity necessary to change, as knowledge about more effective methods of treatment pointed to the need for such change, and we were more interested in treating the need than we were in maintaining traditionally established methods of work.

A third area of responsibility we recognize is that of sharing what we see of need and possible plans of treatment with the public. The meeting of all of these responsibilities requires both knowledge and discipline, even as experience in the public welfare field is comparatively brief there is an organized accumulation of knowledge about content and methods of practice which can best be obtained by formalized study.

We recognize the schools of professional education as the best sources of preparation for whatever field of professional work we may choose to go into. Schools offer the best general assurance to the employing agency and to the public that the service needed can be given by the persons employed. Professional schools are the only source recognized by the established professions, such as medicine, law and education.

Because we happen to be working in a field of endeavor which is very new, some authorities refuse to

recognize social work as a profession, or accept it as a profession with considerable reservation. A large number of us grew up in the work during years when professional education was difficult if not impossible to obtain, particularly if we were employed in some of the special fields of work, such as group work or institutional management. There are still few schools of social work offering courses of study in these fields.

The need for service in the field of social work, prior to the depression even, grew faster than facilities for professional education or opportunities for study were made available by employing agencies and institutions. With the demand resulting from the need to administer relief to the unemployed, it was impossible to fill the need for even the supervisory service with people who had professional education, much less meet the need for family visitors.

In anticipation of a later demand that workers should gradually acquire professional education, state administrations generally adopted the policy of employing for visiting staffs only people who would be eligible for matriculation in schools of social work.

Plans for guidance "on the job" were developed very soon to meet the need to inform workers about facts regarding the program in which they were working, and to help workers to see the limits of their contributions and refrain from undertaking to give varieties of help they were not equipped to give. This probably was the beginning of effort, subsequently called In-Service Training, and it has never been looked upon as professional education or a substitute for it.

During 1935 and 1936 an expanded program on a more permanent basis came into existence in each state as public assistance programs were established. Generally, staff for this program of public welfare work was built from the contributions made, in both education and experience, through the emergency relief programs. It was possible to provide limited opportunity for short periods of formal education for selected workers on the emergency programs through leaves of absence on part of full pay allowances.

But all this has served to give a beginning. In public welfare agencies there is still a great need for more people with education for public welfare work than there are available people with preparation, and residence requirements which still strongly prevail, that is, if service or a quality that merits recognition as helpful service is to be given through the agencies. The public is paying for a service from

which they expect returns commensurate with the investment, and consistent with what is professionally possible, and their concern is going to grow as their appreciation of what good standards of service in the social work field are.

As a matter of fact, it is observed that staffs composed entirely of workers who are professionally educated for their fields of work, there is great need for help in appraising the demands of new and rapidly changing work situations, evaluating the comparative adequacy of our resources for meeting these situations. An appreciation of this fact led to the establishment of an In-Service Training program in the very early days of the Social Security Board. Every new staff member of the Board is initiated into his assignment by means of a three-week course of study, the content of which is concerned with the history of development of social security programs in our own country and foreign countries, and the history of effort that preceded the provision of Social Security in the United States, as well as discussions which offered opportunity to the staff members to gain a practical conception of how the contribution of several different professional specialists could be correlated to strengthen the whole agency.

It is important that the representatives of the different professions have a clear understanding of the operations of the agency of which they are a part. As institutions and agencies undertake to give a variety of services, there is need to understand the contribution made by each of the different professions represented, understand the areas of responsibility of each and how the work of each supports and strengthens the whole. Consequently there is room for much help for people well prepared in their respective fields if their current contributions may be made as effective as might be expected and their attention alert for the recognition of new situations created by their service. Institutions are more likely than most agencies to use the services of people in many different fields of work, physicians, nurses, vocational specialists, educators, clerical people, social workers, etc.

However, much of our problem happens to result from the fact that, except as representatives of the older and better established professions are employed, the majority of people identified as staff members of social institutions and agencies do not have the minimum of professional education that would be desired by them and by informed public opinion. Programs have had to be established under circumstances making it impossible to obtain people with profes-

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## Case Work Skills in Children's Work

(Report of Discussion led by Miss Fern Lowry, New York School of Social Work, New York City, at the Mid-West Regional Conference, Chicago, April 8, 1938, and reported by two staff members of the Children's Bureau of the Indianapolis Orphan Asylum.)

MISS LOWRY'S discussion group on "Case Work Skills in Children's Work" was so largely attended that discussion was impossible. In the Friday afternoon meeting Miss Lowry opened her lecture by presenting basic concepts of case work, pointing out that in her judgment those concepts do not differ in the various fields of case work. She listed the following:

1. The client's request for assistance which brings him to the social agency is only the potential starting point toward change.
2. The extent to which the client is conscious of his real need, his readiness to use assistance, his feeling about using assistance and his ability to share responsibility are additional factors in the process of change.
3. The adequacy of the agency to meet the individual's needs and the worker's competency to relate this capacity to the need is the third element upon which change is dependent.

Miss Lowry felt that it was impossible to isolate method for analysis and study because so much depends upon the above mentioned factors in each individual situation.

The diagnostic process is the heart or core of case work. Miss Lowry thought that there were guiding principles which could be used in the diagnosis of any social situation. These are the fundamental purposes of our activity and determine the four foci of emphasis; the discovery of the individual's need as determined by facts and his feeling about them; an understanding of the client's capacity to use assistance and what kind of assistance he wants; knowledge of the fact that the essential life forces enabling change in a life situation lie in the individual and we can only release these forces; and adequate and mutual understanding by the worker and client of the agency's function related to the individual's need. Miss Lowry here suggested that in defining agency function the word "boundaries" might well be substituted for the commonly used word "limitations." The word limitations has taken on for us a negative meaning indicating frustration. Instead, boundaries can be considered influences in the setting which help us define method.

An understanding of these four basic factors is derived from thinking through such material as the

facts of the situation, the client's emotional responses and the worker's observation of the individual's behavior in various situations. The individual does not reveal these factors consciously. Methodology at arriving at them has become centered in assisting the individual to reveal himself through a free relationship with the worker. This relationship is unavoidably limited in freedom because of the authority of the social worker to give or withhold.

The entire methodology depends upon the ability of the worker to perceive the meanings of what she learns. This may come through intuition, knowledge, experience and the worker's freedom from her own urges. Thus, there is no rule of thumb by which method can be determined.

The second session of the group was devoted to the specialized differentials of case work in the children's field. Because an agency's function is related to special needs its philosophy and structure are related to special needs. Therefore, the worker's method will vary in specialized agencies. Miss Lowry named the factors found specifically in the client-worker relationship in a children's agency as: a difference in focus of information; range of diagnostic interpretation involved, i. e., should the child be removed from his home, does the setting meet the child's needs, what will assist this child in transition and how should the agency relate itself to the child, the parent and the foster parent; the multiplicity of rôles assumed by the worker, i. e., toward parent, child, foster parent, institution and community; the transition made by worker from the parent as client to the child as client and sometimes to the foster parent or institution as client; and the child is the dominant client but contact with him is often indirect.

Some time was given to the psychological tensions affecting both the worker and the client in a children's agency. The conflict involved in the application situation for parent, child and worker were mentioned. For the parent these are: the conflict between the mores of society and his own rejection of the responsibility for the child; the conflict between interest in the child and freedom to work out his own life situation; and in instances where placement is not voluntary, the conflict around the concept of placement as punishment, deprivation of pleasure in having his children with him and loss of status as a parent. In order to use his emotional energy to plan constructively the parent must be freed, if possible,

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## BULLETIN

Published monthly (omitted in July and August) as the official organ of the Child Welfare League of America and the National Federation of Day Nurseries.

C. C. CARSTENS, Editor

The Bulletin is in large measure a Forum for discussion in print of child welfare problems. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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## A Service for Private Agencies

WITH the expansion of public service to children many new families are coming to the attention of public officials and are laying their problems into the laps of the social workers.

Many of these problems relate to children. Even if enough time is available for an analysis of the children's difficulties and a recognition of their needs, provided nothing else prevents, high case loads will make it impossible as a rule for children's workers to undertake the work. Complicated problems are presented that require, besides the understanding and special skills which the public social worker may possess, an amount of leisure which, because of inadequate budgets, our public departments do not as yet provide.

Fortunate is the public children's worker if she can turn with assurance to a private agency that is ready or will equip itself to take up tasks that are as yet impossible in most public departments.

In certain public departments there is still found a hesitation to turn to private agencies for those services that public children's workers find it impossible to render for fear such transfer will be interpreted by chief and public as a confession of inefficiency or failure.

It should not be hard to have the public realize that it is more often lack of appropriation than lack of skill that makes such transfer necessary. Good team-work between public and private agencies, giving each what it can do best, is likely to bring to many children happy childhood and successful development—who without it might suffer a serious deprivation.

—C. C. CARSTENS

## In-Service Training

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sional preparation, and without provision to extend opportunity in the immediate future to get such preparation.

In view of our interest in doing the job before us as well as it can be done under the circumstances, it is clear that plans must be developed to assist the staff in doing their job, often limiting their job, in the interest of the welfare of the people served, in order that the service given is consistent with the need and that it is genuinely helpful rather than complicating.

This brings us to the point of considering what In-Service guidance should be in content, amount, and through what sources it might come. As a supplement to professional education, it is in large part staff development. As it is offered to people without professional education, or partial preparation, it probably becomes instruction which helps people assigned to jobs to gain a conception of what the total range of responsibility of their job should be, and to see how, in view of their limitations, they can make a contribution to meet the Agency's responsibility. Workers can be helped to recognize need they can not meet, and draw upon available resources through which to meet the need as far as possible. This is illustrated by the way public assistance workers, having limited if any formal training, identify and refer situations demanding case work skill to the special Child Welfare Service workers.

According to this description, In-Service Training might be offered by way of any of the following plans:

1. Through 3, 6, or 9 month courses of study in a School of Social Work, which may be extended by the agency or institution on a leave basis, with full, part or no salary allowance. Professional education is often started on such a basis.
2. Short, concentrated study courses offering guidance in certain aspects of the job. Such effort is sometimes referred to as group study or institute work.
3. Instruction on special aspects of the job—rather than current agency responsibility—through regular planned staff meetings.
4. Development of a training center service offering supervision by way of more competent leadership than could be given throughout the entire agency for all the staff currently. Such a training center or district (may be county or state district) may serve as the avenue to staff assignments for workers being initiated in the work.

## Conservation of Hearing

FLORENCE A. BROWNE, M.D.

**D**EAFNESS is sometimes hereditary, but generally acquired. The causes of acquired deafness are congenital syphilis, ear infections, infected tonsils, adenoids or sinuses, severe illnesses from other causes or injury to the ear. Temporary deafness may result from impacted wax or from foreign body in the ear. Ear infections which arise in the course of syphilis, scarlet fever, or measles are those most apt to cause destructive processes in the ears and to lead to deafness.

Deafness is of all degrees of severity. If marked deafness occurs before the age of three years and sometimes even to six years, deaf-mutism results, for it is by imitation that a child learns to talk.

Not only the deaf-mute, but also the child who is not sufficiently deaf to lose his speech but has a noticeable degree of deafness or a progressive pathology of the ear, should be taught lip reading. This is begun preferably at three or four years of age. Dr. George S. Livingston of Chicago gives the following standards:

"If the limit of hearing conversation is three feet, the child should receive intensive instruction in lip reading from three until eight years of age. This can be done in a school for the deaf or at home if the circumstances permit. At eight, if speech is fluent and lip reading perfect, he can be sent to the grade school and attend classes with normal-hearing children, or to a grade school for hard-of-hearing children if the community affords one. If the limit of hearing is twelve feet, the child should attend a grade school for the hard of hearing, in a small class, not to exceed fifteen, with intensive lip reading and speech training. When his proficiency warrants, he may be transferred to the normal schoolroom. If the hearing limit is twenty feet, the child should attend the regular school but be placed favorably so as to hear with the greatest possible facility. Instruction in lip reading is to be given outside the school sessions."\*

Every child should have a hearing test, so that deafness may be detected early and arrested or cured if possible; and if not possible, so that he may be taught lip reading early. Children sometimes become repeaters in school because of unsuspected deafness. The only really satisfactory test is by the audiometer, and there are now laws in many of the states requiring this test for every school child. The 4A audiometer tests forty children at a time, therefore a large school may be quickly tested. The 2A audiometer gives an individual test to those children

picked out by the 4A. These are expensive instruments, of course, but in some states they are sent about from a chosen center. Further information may be obtained from the American Society for the Hard of Hearing, 1537 35th Street, N. W., Washington, D. C.

When no audiometer is available, or when children are too young to be tested by this method, other less satisfactory tests may be given, depending on the age of the child.

The small baby is tested by making a sudden noise, as clapping the hands near his head and watching for blinking of eyes or other response to prove that he has heard.

A child of three years or older, if intelligent and cooperative, may be tested by the whisper test. The child stands at twenty feet from the tester and turns one ear toward him, covering the other with the finger. The tester in a loud whisper asks questions for the child to answer. If the child hears at twenty feet, the hearing is marked 20/20; if the tester must move to ten feet, the hearing is designated 10/20, etc. This is, of course, only approximate.

Prophylaxis against deafness in children consists mainly in the following: 1. Avoidance of infection, especially respiratory infections; 2. Prompt attention to ear infections by a physician qualified to treat such conditions; 3. Maintenance of optimal health; 4. Inclusion in the diet of abundant Vitamin A, the anti-infective vitamin; 5. Wearing of ear-drum protectors while swimming under water or diving; 6. Detection and treatment of cases of congenital syphilis; 7. Prompt removal of adenoids and tonsils when indicated.

These seven points seem so self-evident that we shall enlarge on only two of them.

Prompt attention to ear infections by a physician qualified to treat such condition. Many a baby has had neglected ear infections blamed on feeding difficulties, teething, or even "meanness." The thermometer and the otoscope should be the two most used articles in the medical care of infants. If they were, many a night's sleep would be saved for both baby and adults, some mastoid infections would be avoided, and a fair percentage of cases of deafness ward off. When children are old enough to complain of earache, the risk of neglect is less. But home remedies, such as warm oil, should be taboo.

Dr. Albert D. Kaiser, of Rochester, New York, who studied the records of five thousand children from the point of view of the influence of tonsils and adenoids on respiratory infections, believes that early removal of adenoids prevents recurrence of attacks of ear infection, and that in cases of long-standing ear discharge, failure to remove the adenoids may lead to deafness.\*\*

Adenoids are always removed when the tonsils are, though the reverse is not true. Sometimes the adenoids are removed and the tonsils are kept, especially if the child is very young or if the tonsils do not appear diseased nor particularly enlarged. But if the tonsils become enlarged or infected, they should be removed also.

\*"Children's Tonsils In or Out," by Albert D. Kaiser, J. P. Lippincott Co., Philadelphia, 1932.

\*\*"Practice of Pediatrics," edited by Joseph Brennemann, Ph.D., M.D., Hagerstown, Md., 1937.

## Case Work Skills in Children's Work

(Continued from page 3)

from these conflicts. That is why it is necessary for the worker to understand these conflicts and attempt to seek a release for the parent.

The psychological tensions affecting the worker are: those which come from the opportunity presented in children's work for responding to a sense of responsibility in which the worker may assume too much or withdraw from responsibility; the individual's own responsiveness to the child which, if exaggerated, may cause the worker to wear "emotional blinders"; and the relative dominance of the need for physical care which may wholly determine treatment for the child by hasty placement before study or block treatment of other needs after physical care has been provided.

Miss Lowry commented that due to the pressure of time she could only mention a few of the many tensions which the child may have in a placement situation. The change which the child makes is a grave one and constitutes a major emotional trauma. He may feel fear and anxiety about going to the unknown. During the transition the rate of change in the external world is faster than the rate of growth of the child, giving a feeling of inadequacy. The fact that the application for placement often comes at a time of crisis intensifies the emotional tension involved for worker, child and parent.

Four dangerous areas in child placement where there is need for special skill were listed:

1. The point at which we must establish motivation and extent of conflict in the parent who asks for placement.
2. The point at which transition is made from parent as client to the child as client.
3. The point at which diagnostic process is related to the decision on type of placement.
4. The point at which the diagnostic process is used in fitting home and child together.

In conclusion, Miss Lowry defined the special skills in children's work as infiltrations into the general body of case work skill. She said that these cannot be set definitely apart in a different category or spoken of as super skills, but must be considered an inseparable blend of basic and specialized skills.

—DOROTHY R. ADLE  
HELEN FORTH

## League's New Record Forms

THE following medical record forms are now obtainable at the office of the League.

Form C-a, a yellow sheet, has on the front a face-sheet for summarizing the medical history of the child. This is designed to follow the child throughout his period of care by an agency. On the reverse side is space for three physical examinations. Price, one and a half cents each.

Form Ca-1, a pink sheet, is a less expensive replica of C-a, to be used as an adjunct to it when children must be examined at places where their medical blank is not on file. Information from C-a is to be copied on Ca-1 at the office of the agency for the enlightenment of the doctor, and his examination data are entered by the doctor on this sheet to be copied on the yellow, Form C-a, for a permanent record. Price, three-quarters of a cent each.

Form C-b, a yellow sheet, has on each side the three columns for physical examinations which now make up the reverse side of Form C-a. It is supplementary to Form C-a, providing space to record findings of six succeeding medical examinations. Price, one cent each.

Form C-n, Dental Record. Price, three cents each.

Form C-o, Record for Eye Examination. Price, two cents each.

## How Adults Influence the Personality Development of Young Children

(Report of Discussion led by Dr. Orlo L. Crissey, Director of Child Guidance Center, Flint, Michigan, at the Mid-West Regional Conference, Chicago, April 8, 1938, and reported by one of the staff of the Children's Bureau of the Indianapolis Orphan Asylum.)

**D**R. CRISSEY'S discussion on "How Adults Influence the Personality Development of Young Children" centered around the two major needs of children, namely, the need for security and the need for growth and the development of independence. In speaking of a child's need for security, Dr. Crissey pointed out that security depends upon the subtle factors in family life and that children are quick to sense insecurity in the home. Jealousy was defined as essentially a response to the fear of loss of security and is usually directed toward the person held responsible for that insecurity. A parent's rejection of a child is likely to be obvious to the child even though it is supposedly concealed. External conditions, such as the financial status of the family or frequent movements, may be destructive, but not seriously so, if the family relationships are secure.

As far as the development of independence and self-assertion is concerned, Dr. Crissey pointed out the necessity of developing independence from the cradle. Obedience is temporary and necessary only until the child develops inner control; it is conformity rather than growth, and every act of discipline should be considered in the light of whether or not it is necessary for growth. Also learning involves failure without blame, since blame hinders growth. Meticulous insistence on formal courtesies defeats its own purpose; it stresses concern with outward form and does not leave a child free for a friendly relationship.

Dr. Crissey indicated that the development of honesty and truthfulness in a child is largely affected by early evasion of questions, harsh treatment, and failure to discriminate between the child's mistake and actual lies. The need of every child for the companionship of both parents was indicated, someone who will answer questions and be interested in the child's world no matter how trivial the incident related may be.

The value for a little girl, as far as her future marital adjustment is concerned, of being able to go freely to her father as an ideal of masculinity was mentioned as was also the importance of the happiness of the parents together and their ability to avoid making sex a matter of secrecy from which the child

feels shut out. A child can be conditioned toward a happy sex adjustment only by freedom, joy, and a recognition that this is a natural and important thing about which any intelligent child would want to know.

Mrs. Margaret Mink, Director of Social Case Work at the Illinois Children's Home and Aid Society, commented briefly on Dr. Crissey's talk, re-emphasizing the fact that the two basic early forces in child development are the need for security, which is the more important of the two, and the need for achievement and self-development. She mentioned that opportunity for fulfillment of the latter need can be offered by nursery schools, etc., while the former is satisfied chiefly through family relationships.

—MARY FORNEY

## News and Notes

### MR. SOLENBERGER Announces Committees

EDWIN D. SOLENBERGER, President of the Child Welfare League of America, announces the appointment of the League's representatives to a joint committee on the relationship between family and children's work as follows:

Chairman: Fred R. Johnson, General Secretary, Michigan Children's Aid Society, Detroit.

Miss Catherine Sanders, Director, Children's Service Bureau, Portland, Maine.

Miss Edith L. Lauer, Field Secretary, Jewish Children's Society, Baltimore.

Lawrence C. Cole, Executive Secretary, Cleveland Children's Bureau, Cleveland.

Miss Alice W. Rue, Executive Secretary, Children's Bureau of Delaware, Wilmington.

The Family Welfare Association of America has a similar group on this subject, with John P. Sanderson of the Family Welfare Society of Rochester, as chairman. This subject has taken on new significance and has become one of active concern in both the family and child welfare field.

Mr. Solenberger also announces that he has appointed the following persons as a Committee on Nominations which will make its report at the Annual Meeting of the League to be held in Seattle on Thursday, June 30th:

Chairman: Byron T. Hacker, New Haven.  
 Miss Gertrude Taggart, Indianapolis.  
 Miss Sophie van S. Theis, New York City.  
 Miss Ora C. Pendleton, Philadelphia.  
 Miss Grace McGowan, Canton, Ohio.

Suggestions for new officers for the coming year may be sent to Mr. Hacker.

### New Appointments

ANNOUNCEMENT is made of the appointment of Mr. Kenneth Messenger as superintendent of Hillside Home for Children in Rochester, New York. Mr. Messenger was deputy commissioner of Public Welfare of Connecticut until about two years ago when he became superintendent of the Kentucky Children's Home Society at Lyndon. The League welcomes him back to a member agency. For a number of years he served the League efficiently as secretary of its board of directors.

The appointment of Mr. Henry G. Murphy as superintendent of the Colored Orphan Asylum at Inwood (New York City) is also announced. Mr. Murphy comes to this work from the general secretaryship of the Connecticut Children's Aid Society with headquarters at Hartford.

### National Association of Day Nurseries

THE National Federation of Day Nurseries, which for three years has been housed with the Child Welfare League of America in the Russell Sage Foundation Building, has voted to merge with the New York Association of Day Nurseries under the name of the National Association of Day Nurseries, Inc., and move on May 1 to 122 East 22nd Street, where it will have more room for its increased activities.

### Open House Held for Visitors at Henry Watson Children's Aid Society

HENRY WATSON Children's Aid Society, Baltimore, Maryland, received three hundred executives, social workers, members of organization boards, and friends, on Wednesday afternoon, April 20. The occasion was a "house warming" for the Agency's new home, a beautiful and famous old Baltimore residence, occupied by the Society since last fall. The home is beautifully appointed for its purpose as an office of a child-caring agency. There is an inviting dignity and charm in the setting of the old house, with its generous yard, flowers, and great old trees.

Guests were received by Paul T. Beisser, Executive Secretary; Miss Margaret Barbee, Assistant Executive Secretary, and members of the staff. They were

shown through the library and various offices; the separate interviewing and dictating rooms; and the play room, equipped for use by children while waiting or while visiting with case workers. As a climax to the afternoon, a gift was presented by the President, Blanchard Randall, Jr., to Dr. Gustav H. Woltereck, staff pediatrician, for twenty years of loyal service.

The event was one in which the staff and board members greeted hosts of new friends and welcomed old ones, all interested in the Agency's new home and in its activities.

### National Conference of Social Work

Seattle, Washington—June 27 to July 2, 1938

CHILD WELFARE LEAGUE OF AMERICA  
 Headquarters - - Olympic Hotel

On Monday, Tuesday and Wednesday mornings the League will meet with the Committee on Social Aspects of Children's Institutions.

At afternoon sessions on Monday, Tuesday, Thursday and Friday the following topics are among those which will be discussed:

County Child Welfare Units in Relation to State Welfare Departments.

Public and Private Services for Child Welfare. Adoptions.

The customary luncheon meeting of the League will be held on Wednesday, at which Paul U. Kellogg, Editor of the Survey, will be the speaker.

A dinner and the Annual Meeting of the League will be held on Thursday evening. C. C. Carstens, Executive Director of the League will give his Report.

### New League Publications

THREE new papers of current interest have recently been made available through the League. These are:

The Re-Orienting of a Private Organization's Field of Service, by Martha Godwin, Case Worker, Child Welfare Association of Fulton and DeKalb Counties, Atlanta, Georgia.

Staff Training in Children's Institutions, by Kate Bullock, Case Worker, Connie Maxwell Orphanage, Greenwood, South Carolina.

Agency Responsibility in Adoption, by Ora Pendleton, Executive Secretary, The Children's Bureau, Philadelphia, Pa.